We continue to find an effect of the Gulf conflict manifested as increased symptomatic distress. In our study, the modest increase in psychiatric disorders do no fully explain ill health in Gulf veterans.

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Doctors' perceptions of drinking alcohol while on call: questionnaire survey

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At its monthly ethics conference in September 1999, the department of internal medicine considered consumption of alcohol by doctors. The conference discussed the case of a young doctor who saw a senior colleague drinking heavily at a party and overheard him prescribing a questionably large dose of medication over the telephone.[1] We discussed whether doctors should drink any amount of alcohol while on call.

Previous studies have considered alcohol use that impairs doctors' judgment and whether doctors should attend an emergency if they have been drinking but are not on call.[2 3] Few studies have considered doctors' drinking while on call. We decided to survey doctors to test our hypothesis that doctors rarely drink alcohol while on call but that opinion would differ about usage, depending on doctors' specialty and age.

Participants, methods, and results

We developed a survey with 10 questions to probe doctors' perceptions about their own and their colleagues' use of alcohol. We obtained a list of all the doctors in Hamilton County, United States, from the American Medical Association in December 1999, took a 20% random sample from each listed specialty, and mailed up to three rounds of surveys over a six month period beginning in March 2000.

We analysed data using S-PLUS 2000: responses were tallied and binomial 95% confidence intervals calculated using the binconf function in Frank Harrell's Hmisc library. Logistic regression was used to study the association between individual responses and doctors' years in practice, specialty, and sex. For this hypothesis generating study, two sided P values of less than 0.05 were considered significant.

Of 206 surveys sent, 135 (65%) responses were returned. Compared with those who responded, those who did not were more often women (25% (18/71) *v* 16% (22/135)); had graduated from medical school several years earlier (18 years *v* 20 years); were more often doctors of internal medicine (31% (22/71) *v* 17% (23/135)); and were less often surgeons and paediatricians (24% (17/71) *v* 36% (49/135)). The mean age of respondents was 48 years, and 88% (119/135) were white.

Doctors' perceptions of using alcohol while on call. Responses to questionnaire (%; 95% confidence interval)

Statement	Agree	Disagree
Social drinking is acceptable while on call	19/134 (14; 9 to 21)	115/134 (86; 79 to 91)
I have encountered doctors whom I suspect have used alcohol while on call	86/135 (64; 56 to 72)	47/134 (36; 28 to 44)
I have encountered doctors whom I suspect were impaired by alcohol when they were on call	36/135 (27; 21 to 36)	99/135 (73; 65 to 79)
Doctors should not have even a single drink while on call	99/135 (73; 65 to 80)	36/135 (27; 20 to 35)
Patients do not care if I drink alcohol while on call	3/135 (2; 1 to 6)	132/135 (98; 94 to 99)
When using alcohol on call, I report that I have done so to any patient I advise or treat	15/129 (12; 7 to 18)	114/129 (88; 82 to 93)
Doctors have an obligation to inform patients that they have consumed an alcoholic beverage before advising or treating them	69/131 (53; 45 to 62)	62/131 (47; 38 to 55)
Alcohol use while on call is a private matter	35/134 (26; 19 to 34)	99/134 (74; 66 to 81)
I have consumed alcohol while on call	32/135 (24; 17 to 32)	103/135 (76; 69 to 83)

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Most doctors were against drinking any alcohol while on call (table), but 14% felt that social drinking was acceptable, and one fourth thought that in their specialty some alcohol use is safe. In response to asking how many drinks a doctor in their specialty could safely drink while on call, 94/129 (73%) answered 0, 12/129 (9%) answered 1, 5/129 (4%) answered 2, 6/129 (5%) answered 3, and 13/129 (10%) answered 4 or more. A quarter admitted to drinking alcohol while on call, and 64% and 27% reported having encountered colleagues whom they suspected had used or were impaired by alcohol while on call, respectively. Almost all doctors believed that patients care whether they use alcohol while on call, but doctors were divided about their obligation to inform patients before seeing them.

Multivariable analysis showed that sex and specialty were not associated with doctors' responses. Older doctors, however, were more likely to report encountering doctors whom they suspected had used or were impaired by alcohol while on call.

Comment

Although almost all doctors think that patients care whether they use alcohol while on call, there is substantial disagreement about the use of alcohol while on call and doctors' obligation to inform their patients if they have been drinking. More data need to be obtained about these issues, and the medical profession and society need to discuss the balance between personal freedom and professional obligation to patients. Medical societies need to include stronger declarations about drinking alcohol while on call in their ethical codes, before the issue is decided for them.[4 5]

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Corrections and clarifications

Randomised trial of endoscopy with testing for Helicobacter pylori compared with non-invasive H pylori testing alone in the management of dyspepsia

Our editing process unfortunately introduced an error into a table that appeared in the full (bmj.com) version of this paper by K E L McColl and colleagues (27 April, pp 999-1002). The headings "Positive for *H pylori*" and "Negative for *H pylori*" in table 6 were inadvertently interchanged.

Randomised study of long term outcome after epidural versus non-epidural analgesia during labour

A temporary problem with a website and a failure in communication led to a website and an acknowledgment not being cited in this paper by Charlotte J Howell and colleagues (17 August, pp 357-9). One of the authors, Richard B Johanson, died before publication of the paper. His Childbirth Without Fear research programme continues (www.childbirthwithoutfear.org.uk).

Sex matters: secular and geographical trends in sex differences in coronary heart disease mortality

The authors of this paper, D A Lawlor and colleagues, have told us that the male:female mortality ratios for lung cancer given in the table are wrong for some countries (*BMJ* 2001;323:541-5). The values should read: Hong Kong 2.3, Israel 3.1, Romania 6.1, Kyrgyzstan 6.2, Lithuania 11.5, Slovak Republic 8.6, Japan 3.8, Kazakhstan 7.3, Estonia 9.4, Hungary 4.2, Slovenia 6.7, Germany 5.0, New Zealand 2.2, Northern Ireland 2.5, Portugal 6.4, Republic of Korea 4.2, Russian Federation 10.0, Scotland 2.2, England and Wales 2.4, Ireland 2.5, Italy 6.9, Finland 7.2, Latvia 10.1, Sweden 1.9, Macedonia 6.2, Greece 7.0, Netherlands 4.7, Spain 12.9, Norway 2.6, France 7.7, Poland 6.4.